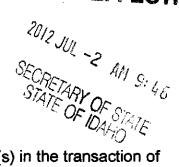


## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.



## Please type or print legibly. Instructions are included on back of application.

	CDA	Combat
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name  Personal Protective Systems Inc.	
		Coeur d'Alene ID, 83815
	<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul> The name and address to which future	n and Public Utilities  Submit Certificate of Assumed Business
	Coeur d'Alene ID, 83815	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than #4 above): William T. Craffey	nt ·
	1521 N Argonne Rd Suite C # 206	_ _
	Spokane Valley, WA 99212	Secretary of State use only
	eture: <u>Culled J. Culling J.</u> ed Name: <u>William T. Cookey Tr.</u> city/Title: <u>President / Chuner</u>	IDAHO SECRETARY OF STATE <b>97/92/2012 95:99</b> CK: 1019 CT: 272042 BH: 1338622

D156597

Printed Name: \_\_\_\_\_\_

Capacity/Title: \_\_\_\_